



Withdrawal Authority Form

With LIVE BY JN internet banking, this transaction can be done ANYTIME, ANYWHERE. SAVE TIME & MONEY.
Sign Up Today at <http://jnbank.com/>

TO: THE MANAGER, INTERNAL PROCESSING CENTRE, 2-4 CONSTANT SPRING ROAD, KINGSTON 10

Date:

(dd/mm/yyyy)

Branch

Account Type

Account Number

CUSTOMER INFORMATION

Surname:First Name:Date of Birth:

(dd/mm/yyyy)

Email:Telephone:

Residential Address:

Street 1:Street 2:

City:Post Code:

ID Type: ☐ Passport ☐ Photo Driver's License ☐ Jamaican ☐ British

☐ OtherID #:Expiry Date:

(dd/mm/yyyy)

JOINT ACCOUNT

Joint Account Holder 1:

Surname:First Name:Date of Birth:

(dd/mm/yyyy)

Email:Telephone:

Residential Address:

Street 1:Street 2:

City:Post Code:

ID Type: ☐ Passport ☐ Photo Driver's License ☐ Jamaican ☐ British

☐ OtherID #:Expiry Date:

(dd/mm/yyyy)

Joint Account Holder 2:

Surname:First Name:Date of Birth:

(dd/mm/yyyy)

Email:Telephone:

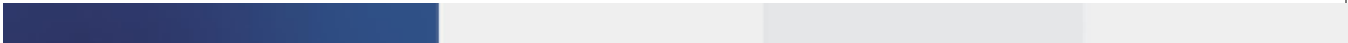
Residential Address:

Street 1:Street 2:

City:Post Code:

ID Type: ☐ Passport ☐ Photo Driver's License ☐ Jamaican ☐ British

☐ OtherID #:Expiry Date:



WITHDRAWAL INSTRUCTIONS

Type of Withdrawal: ☐ Wire Transfer ☐ Local Bank Transfer - Jamaica ☐ Cheque (Individual) ☐ Telex
☐ 3rd Party Transfer ☐ Cheque (Entity) ☐ JN Bank Account ☐ Close Account

Branch: Account Type: Account Number:

This is my authority to withdraw from my JN Bank account and pay as follows:

(Amount in Words)

Pay in Currency: ☐ JMD ☐ USD ☐ GBP ☐ CDN Amount:

CHEQUE DETAILS

Pay Cheque To:

Amount: Payee Name:
Currency: ☐ JMD ☐ USD ☐ GBP ☐ CDN Person collecting for Entity:
Telephone: Withdrawal Reason:

TELEX DETAILS

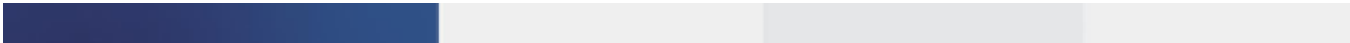
Amount: Bank:
Branch: Name on Account:
Sort Code: Account #:
SWIFT Code: IBAN #:
Beneficiary Address:
Street 1: Street 2:
City: Post Code:

3rd PARTY TRANSFER

Amount: Name of Bank: Branch:
Account Type: ☐ Savings ☐ Chequing Currency: ☐ JMD ☐ USD ☐ GBP ☐ CDN
Account #: Name on Account:
Branch Mailing Address:
Street 1: Street 2:
City: Post Code:
Swift / BIC / Routing #:

JN BANK ACCOUNT

Amount: Branch: Account Type:
Name on Account: Account #:



CUSTOMER CONFIRMATION

Special Instructions:

I/We declare that I/We have presented the documents to support this request and that I/We have read this authority and confirm that the information is correct. I/We agree to pay the service charge (s) for processing this transaction from the account that the withdrawal will be taken. I/We am/are aware that where the account balance is brought below the minimum required, monthly charges will apply.

Customer Signature:

Date:

(dd/mm/yyyy)

Customer Signature:

Date:

(dd/mm/yyyy)

Customer Signature:

Date:

(dd/mm/yyyy)

OFFICIAL USE ONLY

Name JN-UK CSR:

Signature:

Date:

(dd/mm/yyyy)

Authorized Signature:

Stamp:

